

Just complete the application below, have your employer sign it, and return it to:
CLUB RIDE, P.O. BOX 51540, RIVERSIDE, CA 92517-9980

CLUB RIDE APPLICATION

☐ **YES**, I want to join CLUB RIDE! I am a western Riverside County resident and have been ridesharing to work a minimum of one day per week for the past three months.

To process this application, all information and the two required signatures must be completed.

COMMUTER INFORMATION

Commuter Name (Please print) _____

Home Address _____

Mailing Address (if different than home address) _____

City _____ Zip _____

Home Phone () _____ Your Work Phone () _____

Social Security or Driver's License No: _____ (Confidential. Used as internal CLUB RIDE member identification number only and is not provided to any other individual or organization.)

Employer Name _____

Employer Address _____

City _____ Zip _____

Employer Phone () _____

How many continuous months have you been traveling to work in a rideshare mode? _____ months

How many miles do you travel one-way from home to work? _____ miles

How many minutes does it take you to travel one-way from home to work? _____ minutes

How many days per week do you travel to work in a rideshare mode? (Please check one.) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Which rideshare mode do you most often use to travel to work? (Please check one.)

☐ Carpool ¹ ☐ Public Bus ☐ Bicycle ☐ Commuter Rail ☐ Buspool ☐ Walk

☐ Vanpool ☐ Telecommute ☐ Other: (Please specify) _____

¹ If carpooling, you must be riding with at least one other working adult.

COMMUTER'S SIGNATURE (Required) _____ Date _____

EMPLOYER INFORMATION

This section must be completed and signed by the commuter's employer representative or designated Employer Transportation Coordinator.

Employer Representative Name (Please print) _____

Title _____ Number of employees at this worksite _____

Phone () _____ Fax () _____

•This application is confidential and is used to compile a demographic and statistical profile of the commuters of western Riverside County.

**Commuter's and Employer Representative's
Signatures Required Before Returning**

12/02